कारियों के सेवा अभिलेखों का तुलनात्मक रूप से समग्र मूल्यांकन किए जाने पर, इनका तुलनात्मक रूप से निम्नतर क्रम-निर्धारण/मूल्यांकन होने और प्रवर-सूची के आकार की सांविधिक-सीमा के कारण हुआ है।

T.B. Patients in Tamil Nadu

*131. SHRI N. THALAVAI SUNDARAM: Will the PRIME MINISTER be pleased to state:

(a) the number of people suffering from T.B. in the rural as well as urban areas of Tamil Nadu;

(b) whether the Central and State Government propose to launch a programme in 1997-98 to protect the State from T.B.; and

(c) whether any amount has been allocated to the State in this regard during current financial year?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) It is estimated that about 8.27 lakhs people are suffering from TB in Tamil Nadu.

The reports of case detection are submitted by the District TB Centres which cover both urban and rural population. Ratio of distribution of cases is almost the same both in urban and rural areas of Tamil Nadu.

(b) The National Tuberculosis Control Programme was implemented in all the States including the State of Tamil Nadu from 1962. Free of cost diagnostic and treatment facilities (including free supply of anti-TB drugs) are provided to the TB patients. Out of 23 districts of the State of Tamil Nadu, District TB Centres are functioning in 19 districts. In 17 districts Short Course Chemotherapy (SCC) has been introduced since 1983.

Revised National Tuberculosis Control Programme Phase-III was launched on 26th March, 1997 and is proposed to be implemented in 6 districts (Madras city, South Arcot, Dharmapuri, Salem, Thanjavur and V.O. Chindambaranar) of Tamil Nadu covering a population of 168.60 lakh under the World Bank assisted project. Another 12 SCC districts are proposed to be suitably strengthened by providing training and binocular microscopes for adopting revised strategy at later stage.

(c) During the current financial year, Rs. 452 lakhs has been allocated to Tamil Nadu.

Non-availability of Essential Drugs in Central Government Hospitals

*132. SHRI SANJAY DALMIA: SHRI SOLIPETA RAMACHANDRA REDDY: Will the PRIME MINISTER be pleased to state:

(a) whether the Central Government hospitals in Delhi have drawn up an 'essentials' list of medicines, hospital-wise;

(b) if so, the details thereof;

(c) whether almost half of the drugs mentioned in the essentials lists are not available, whereas as per the rules all those medicines should always be available in the hospitals; and

(d) if so, the reasons for the medicines included in the essentials list not being available in hospitals and the action Government propose to take in the matter?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Directorate General of Health Services has drawn up a list of essential medicines for adoption in the country. The list modelled on the WHO Essential Drug list, was introduced in the year 1996. The drugs included in the list are generic, safe and effective and are approved by Drug Controller (India) and are currently available at affordable prices to the general public. The Central Government hospitals maintain list of essential drugs for their use.

(c) and (d) It is ensured that the drugs which are regularly required, are avail-